

SERFF Tracking Number: MUTM-126926117 State: Arkansas
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 47513
Company Tracking Number: SHIRLEY MCPHAULL
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: 2010 DI Pregnancy Amendment Rider - 0MY4M
Project Name/Number: Pregnancy Amendment Rider/0MY4M

Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: 2010 DI Pregnancy Amendment
SERFF Tr Num: MUTM-126926117 State: Arkansas
Rider - 0MY4M

TOI: H111 Individual Health - Disability Income SERFF Status: Closed-Approved- Closed State Tr Num: 47513

Sub-TOI: H111.004 Other Co Tr Num: SHIRLEY MCPHAULL State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Jan Serafini, Krysia

Gannon, Melanie Worth, Shirley

McPhaull, Katie Tupper

Date Submitted: 12/10/2010

Disposition Date: 12/16/2010
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Pregnancy Amendment Rider

Project Number: 0MY4M

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/16/2010

Deemer Date:

Submitted By: Krysia Gannon

Filing Description:

December 10, 2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 12/16/2010

Created By: Krysia Gannon

Corresponding Filing Tracking Number:

Arkansas Department of Insurance

Attn: Compliance - Life & Health

1200 West Third Street

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Product Name: 2010 DI Pregnancy Amendment Rider - 0MY4M
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Little Rock, AR 72201-1904

RE: Mutual of Omaha Insurance Company
NAIC # 261-71412 FEIN 47-0246511
Individual Sickness & Accident Insurance
Disability Income Insurance
Pregnancy Amendment Rider 0MY4M
Extension of Use of Accident Medical Expense Rider 0ML1M
Extension of Use to Other Sponsored DI Multi-Life Groups

Enclosed for filing with your Department are several enhancements we would like to make to our Individual Disability Income and Individual DI Multi-Life product portfolios.

Pregnancy Amendment Rider 0MY4M is new and is not intended to replace any previously approved form. This rider removes the waiting period for normal pregnancy and removes any applicable pre-existing condition limitation for complications of pregnancy that are contained in our DI Multi-Life products. Rider 0MY4M was developed for individuals who are converting their existing Mutual of Omaha group DI coverage to our individual D81M or D82M Multi-Life policies. The rider will be used with our D81M-[22915, 22916, 22917, 22918, 22919] and D82M-[22920, 22921, 22922, 22923, 22924] multi-life worksite policies approved by your Department on August 6, 2010.

An Actuarial Memorandum is attached for your review; however, please note because Rider 0MY4M is a no-cost rider, there is no premium rate associated with this rider.

We would also like to extend the usage of our Accident Medical Expense Rider 0ML1M (approved on October 28, 2009) to the above DI Multi-Life policies and to our D81-20896, D81-20897, D82-20898 and D82-20899 Individual Disability Income Insurance policies (approved on January 10, 2007).

Finally, we would like to extend the usage of all previously approved DI Multi-Life forms, including those listed above and accident only policy D83M-[22925, 22926, 22927, 22928, 22929], to members of other sponsored groups, including associations and labor unions. Our DI Multi-Life forms were initially developed to provide individual disability income coverage on a worksite basis to employees who work for employer-sponsored groups. This coverage is individually underwritten and each person is issued his or her own portable individual insurance policy. The coverage is not issued to the employer or any group entity.

Your review and approval of this filing would be most appreciated. If I may be of additional assistance, or if you have questions or concerns, please do not hesitate to contact me.

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Sincerely,

Shirley McPhaul
Senior Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-6934
Fax: 402-351-5298
E-mail: Shirley.McPhaul@mutualofomaha.com

Company and Contact

Filing Contact Information

Shirley McPhaul, Senior Product & Advertising shirley.mcphaul@mutualofomaha.com
Compliance Analyst

Mutual of Omaha 402-351-8473 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

Mutual of Omaha Insurance Company	CoCode: 71412	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Health Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6420 ext. [Phone]	FEIN Number: 47-0246511	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$50.00	12/10/2010	42831770

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/16/2010	12/16/2010

<i>SERFF Tracking Number:</i>	<i>MUTM-126926117</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Mutual of Omaha Insurance Company</i>	<i>State Tracking Number:</i>	<i>47513</i>
<i>Company Tracking Number:</i>	<i>SHIRLEY MCPHAULL</i>		
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Disposition

Disposition Date: 12/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>MUTM-126926117</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	No
Supporting Document	Application	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	No
Form	Pregnancy Amendment Rider	Approved-Closed	No

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Form Schedule

Lead Form Number: 0MY4M

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/16/2010	0MY4M	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Pregnancy Amendment Rider	Initial		50.400	Pregnancy Amendment Rider 0MY4M.pdf

MUTUAL OF OMAHA INSURANCE COMPANY

PREGNANCY AMENDMENT RIDER

This rider is made a part of the policy to which it is attached. It is subject to all parts of your policy not in conflict with this rider. In the event of a conflict between this rider and any other provision of the policy, this rider will control.

Rider Date (same as the policy date if no date is shown) _____

NORMAL PREGNANCY AND COMPLICATION OF PREGNANCY AMENDMENTS

Your policy's EXCLUSIONS AND LIMITATIONS section is amended as follows:

The **10-Month Waiting Period for Normal Pregnancy** and the **Complications of Pregnancy Limitation** provisions are removed in their entirety. They are replaced by the following provision.

Pregnancy

We will pay benefits for Normal Pregnancy and Complications of Pregnancy on the same basis as any other Sickness.

TERMINATION

This rider terminates when your policy terminates.

Mutual of Omaha Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, flowing style.

Corporate Secretary

SERFF Tracking Number:	MUTM-126926117	State:	Arkansas
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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	12/16/2010
Comments:		
Attachments:		
AR Certif of Compliance with Rule 19 rev 06.24.2010.pdf		
AR Read Cert.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved-Closed	12/16/2010
Bypass Reason: Not applicable.		
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	12/16/2010
Comments:		
Attachment:		
Actuarial Memo_ARMiscRiders.pdf		


	Item Status:	Status
		Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	12/16/2010
Bypass Reason: Not applicable.		
Comments:		

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Mutual of Omaha Insurance Company

Form Number(s): OMY4M

I hereby certify, to the best of my knowledge and belief, that the filing above meets the requirements of Arkansas Rule and Regulation 19, Unfair Sex Discrimination In The Sale of Insurance.



Signature of Company Officer

Daniel J. Kennelly

Name

Vice President & Chief Compliance Officer

Title

December 10, 2010

Date

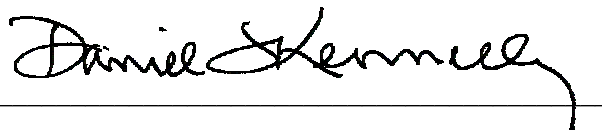
CERTIFICATION

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
OMY4M	Pregnancy Amendment Rider	50.4

*This score was achieved by removing language or terminology entitled to be excepted by your state's readability regulation.

Date: December 10, 2010



Daniel J. Kennelly
Vice President & Chief Compliance Officer

Mutual of Omaha Insurance Company
Omaha, Nebraska

Actuarial Memorandum Amendment

New Rider Policy Forms

0MY4M Pregnancy Amendment Rider

Previously Approved Riders Extending for Use

0ML1M Accident Medical Expense Rider

Purpose

This memo is to serve as an amendment to a recently approved DI product filing.

The original filing for our D81M and D82M products omitted Rider 0MY4M that removed the 10-month waiting period for normal pregnancy for individuals who are converting their existing Mutual of Omaha group DI policy to our individual D81M or D82M policy. This rider is added at no cost and reflects that policyholder would have already satisfied any waiting periods under the group policy before converting to this policy.

We are also asking that the Accident Medical Expense Rider be extended for use to the individual and Multi-Life versions of our current STD and LTD products. These forms are D81, D82, D81M and D82M.

Please accept this memorandum as certification that all components of the original actuarial memorandums remain valid and unchanged.

Certification

I am a member in good standing of the Society of Actuaries and the American Academy of Actuaries. I certify that, to the best of my knowledge and judgment, this rate filing complies with the laws and regulations of this state, that the benefits are reasonable in relation to the premiums, and that the premiums are not excessive, inadequate, or unfairly discriminatory.



Chris Haire FSA, MAAA
Product Performance Director

November 8, 2010